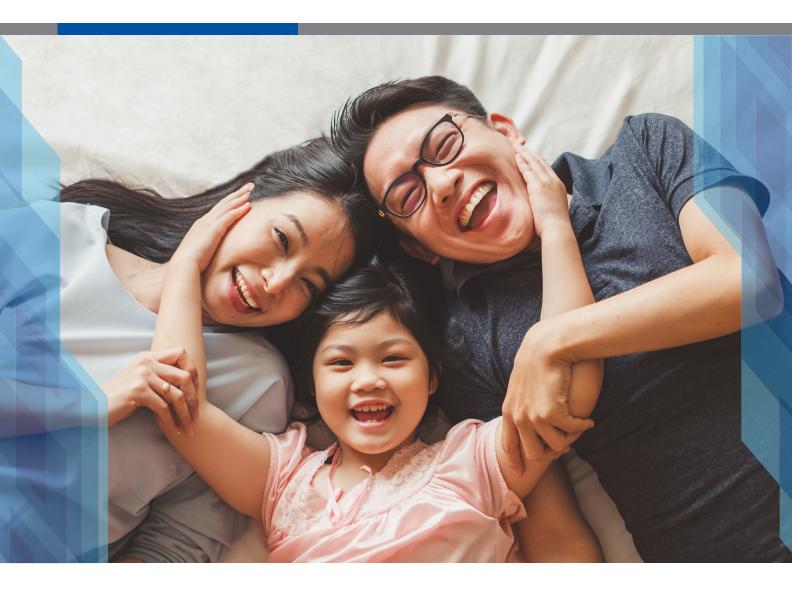
## **SELECT with ACCESS**

Comprehensive medical protection for you and your family





Make the most out of life's precious moments. With Pacific Cross, you can enjoy medical coverage that helps secure your peace of mind, wherever life takes you.



Medical costs are one of the most pressing concerns in today's times. When your family's health is at stake, we know you need a sensible medical plan that will give you the best care possible. We offer you value-packed medical plans specifically designed to give you superior medical coverage:

## **Select Plus with Access**

With an aggregate limit per year of up to PhP 1,500,000. This plan provides added and superior protection.

## **Select Standard with Access**

With a limit of up to PhP 1,500,000 for each disability per lifetime.

## **SELECT with ACCESS**

- No-cash-outlay medical treatment using our accredited network of hospitals Select with ACCESS allows you to avail of no-cash-outlay in-patient and emergency out-patient medical treatment using our accredited network of hospitals. However, in the event that you choose not to go to an accredited medical provider, you still retain the option of filing your eligible claims for reimbursement with Pacific Cross.
- Comprehensive range of medical benefits

Select with ACCESS offers a comprehensive range of in-patient and out-patient medical benefits, all designed to provide you the financial security and assistance you need in times of illness.

• Emergency overseas coverage

Select with ACCESS also covers you for emergencies and accidents when you travel, so you can receive the best medical assistance anytime, anywhere in the world.

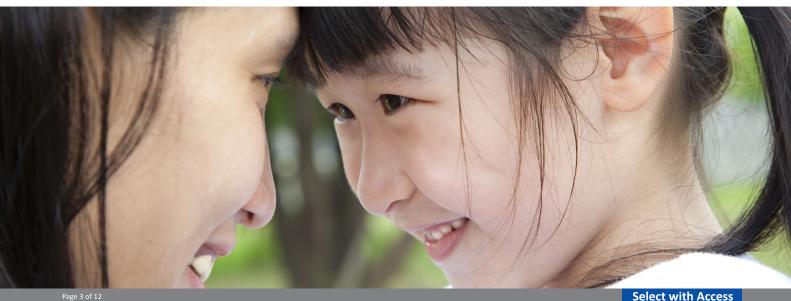
• 24-hour worldwide customer assistance and emergency hotline

Pacific Cross, with its emergency assistance partner, has a worldwide network of alarm centers and full time medical professionals ready to help you 24 hours a day, 7 days a week, 365 days a year.



As with all health care plans, there are some important points you should know before entering into a contract. In this section, we identify some key Agreement provisions.

- 1. Your coverage begins 30 days after the date shown on the Agreement. However, you already have immediate coverage for accidental injury.
- 2. A pre-existing condition is a disability or illness which existed before the commencement of cover. The existence of a preexisting condition can be medically determined given its natural history or the manner of development of a disease, which means you may or may not be aware of its presenting symptoms. Pre-existing conditions are also those that are known to you because you have felt its signs and symptoms regardless if this prompted you to seek for treatment, medication, advice, or diagnosis. When you answer our Medical Questionnaire, please ensure that you tell us about all your medical conditions and symptoms happening at any time in the past and/or present, known and/or suspected, whether or not treatment or professional advice was sought. We will then notify you accordingly of the Company's decision to cover or not to cover or to impose special terms.
- 3. While the Agreement is issued in the Philippines, it can provide Emergency Confinement Coverage when you are overseas. The maximum period of cover should not exceed more than 30 days per trip during the period of coverage.
- 4. Certain conditions are permanently excluded from being covered. These conditions include:
  - Congenital conditions, birth defect and abnormalities
  - Artificial implants, durable medical equipment, grafts, prosthetic devices and corrective devices other than artificial limbs
  - Cosmetic surgery or related complications, contact lenses, hearing aids and prescriptions thereof, except those that may be required for reconstructive surgery due to or as a result of an accident
  - Suicide, attempted suicide or intentional self-inflicted injury
  - Pre-existing conditions unless such have been declared and approved by the Company
  - Sexually Transmitted Diseases (STDs)
  - · All contraceptive methods of birth control; or screening and/or treatment pertaining to infertility
  - · Pregnancy related expenses and screening, childbirth (including surgical delivery); miscarriage and abortion, including their complications; pre-natal or post-natal care as well as nursing care for the newborn
- 5. Your contract is guaranteed renewable up to age 65. However, we reserve the right to adjust your membership fees and other Agreement conditions upon written advice 45 days prior to each renewal.
- Your contract contains a provision on the Member's right to Free-Look Period. 6.
- 7. For full details, please refer to the Agreement.





## **CORE BENEFITS**

## (In-Patient & Emergency)

**Select Plus** and **Select Standard** provide the same benefit limits but at different maximum coverage levels. **ACCESS** allows you to avail of no-cash-outlay in-patient and emergency out-patient medical treatment using our accredited network of hospitals. However, in the event that you choose not to go to an accredited medical provider, you still retain the option of filing your eligible claims for reimbursement with Pacific Cross. All benefits shown in the table below are applicable for each disability per year, unless indicated otherwise.

	SEMI-PRIVATE	PRIVATE
Maximum Coverage	PHP 750,000	PHP 1,500,000
BASIC HOSPITAL BENEFITS		
Room and Board	As Charged	As Charged
including General Nursing Care		
Miscellaneous Hospital Expenses	As Charged	As Charged
for required diagnostic laboratory tests; prescribed medicines; physiotherapies; blood and components; anesthesia; and surgical appliances		
Physician's Visit (non-surgical)	PHP 2,000	PHP 3,000
Daily visit fee to a limit of		
Specialist's Fee	PHP 2,000	PHP 3,000
for 10 days for each disability per year to a daily limit of		
Private Duty Nurse	PHP 900	PHP 1,800
at home only when certified necessary by attending physician to a maximum of 5 days, immediately after hospitalization. Daily visit fee to a limit of		
Procedure Done on an Out-Patient Basis	Subject to the limits of t	he Basic Hospital Benefits
for selected procedures as approved by Pacific Cross		
CRITICAL CARE BENEFITS		
Intensive Care Unit, Coronary Care Unit & Telemetry	As Charged	As Charged
maximum of 10 days per disability, per year		

	SEMI-PRIVATE	PRIVATE
SURGICAL BENEFITS		
Operating Theater & Recovery Room	As Charged	As Charged
Surgeon's Fee	PHP 90,000	PHP 180,000
per disability, per year limit of	FIF 90,000	PHP 100,000
Anesthesiologist's Fee	PHP 36,000	PHP 72,000
not to exceed 40% of the approved Surgeon's Fee		
Artificial Limb	As Charged	As Charged
including rental of mechanical devices (as approved by Pacific Cross) excluding	As charged	As charged
implantable devices		
Medical Implant Due to Accident	PHP 25,000	PHP 25,000
Covers the cost of implantable devices necessary for a surgical procedure to treat a		
covered Injury resulting from Accident wholly occurring during the Period of Coverage.		
Per disability, per year limit of		
EMERGENCY BENEFITS		
Emergency Out-Patient	PHP 6,000	PHP 7,000
for treatment of emergency cases/conditions not leading to confinement provided		
by the Out-Patient department of a hospital or a licensed doctor in his clinic for a		
covered disability. Maximum limit per disability, per year.		
Emergency Dental Services	As Charged	As Charged
due to a covered accident		
Emergency Local Ambulance Service	As Charged	As Charged
from place of occurrence to the nearest hospital facility or from hospital to hospital using land transportation service.		
(If local land transportation facility is not available, other transportation facilities		
are allowed subject to the approval of Pacific Cross. Maximum limit per disability,		
per year is PHP 15,000.)		
Emergency Overseas Confinement Coverage	Up to Maximum Coverage	subject to the limits of the
	Basic Hospital Benefits that	
	applicable medical rat	tes of the Company's
	pre-determined Philip	pine tertiary hospital
worldwide cover is included for no more than 30 days per trip for travel overseas during		
the Agreement year. Reimbursement of overseas medical expenses is only for emergency		
cases leading to confinement.		



	SEMI-PRIVATE	PRIVATE
<ul> <li>Worldwide Emergency Assistance Services</li> <li>Pacific Cross, through our emergency assistance partner, will provide the assistance and advice (24 hours a day, 7 days a week) for free but the client will be responsible for any third party charges incurred as a result of such advice or assistance unless otherwise specified elsewhere in the Agreement. Member must be traveling 100 miles (or 150 kilometers) or more from his primary and legal address or in another country which is not his Country of Residence for less than 91 days unless otherwise endorsed in the Agreement.</li> <li>Services* include but not limited to the following:         <ul> <li>Emergency Medical Evacuation: Evacuation under appropriate medical supervision to the nearest medical facility</li> <li>Medical Repatriation: Repatriation under medical supervision to the Member's legal residence or to a medical or rehabilitation facility near the Member's residence</li> <li>Return of Mortal Remains: The return of mortal remains will be arranged and paid for.</li> </ul> </li> </ul>	Included	Included
<ul> <li>Compassionate Visit: When a Member is traveling alone and will be hospitalized for more than 5 consecutive days, an economy, round- trip, common carrier transportation will be provided to a family member or a friend to accompany the Member.</li> <li>Care of Minor Child(ren): One-way economy common carrier transportation will be provided to the place of residence of minor child(ren) when they are left unattended as a result of medical emergency or death of a Member.</li> </ul>		
*Availment of services through our designated assistance provider, limit per year of	As Charged and on top of t	he Maximum Coverage Limit
*Availment of services <i>not</i> through our designated assistance provider, limit per year of	PHP 50,000 combined limit	PHP 50,000 combined limit
The actual cost will be paid via reimbursement by the Company subject to the limits specified which will form part of the Maximum Coverage Limit of the plan provided that such assistance is a result of a covered illness, accidental injury or death occurring during the Period of Coverage.		
ANNUAL PHYSICAL EXAMINATION		
<ul> <li>(to be done in accredited Pacific Cross clinics or laboratories with prior appointment, <i>i.e.</i>, via no-cash-outlay only)</li> <li>Taking of medical history; Comprehensive physical examination; Complete blood count; Chest X-ray; Stool analysis; Urinalysis; Lipid Profile; Blood Urea Nitrogen (BUN); Fasting Blood Sugar (FBS); Serum Glutamic Pyruvic Transaminase (SGPT); Creatinine; Uric Acid; Electrocardiogram (ECG) for clients 35 years old and above and Pap smear for female clients 35 years old and above</li> </ul>	Included	Included
PREVENTIVE HEALTHCARE BENEFIT		
(to be done using Pacific Cross accredited network, i.e., via no-cash-outlay only)		
Routine Immunization Administration	Covered	Covered
coverage for professional fee in administering immunizations, except cost of vaccines/ serum/immunoglobulin		
Consultations and Advice on Diet and Exercise	Covered	Covered
including recommended health habits		
Family Planning Counseling	Covered	Covered
except for infertility issues		
Record Keeping of Medical History	Covered	Covered
Health Education and Wellness Program	Covered	Covered

	SEMI-PRIVATE	PRIVATE
VALUE ADDED BENEFITS		
Elective Surgery scheduled surgery arranged by Pacific Cross within accredited network only, a 10-day	Direct Settlement of covered treatment cost b	
notice must be given to Pacific Cross by the Client.	Not Available	DHD 100 (por day)
<b>Companion Allowance</b> allowance given to companion (maximum of 5 days per given Agreement year)		PHP 100 (per day)
Sports Coverage for recreational sports including skiing and scuba; excluding contact sports (subject to Agreement limits)	Included	Included
Free Child Coverage free coverage for a newborn of a female Member as early as the infant's 15th day up to the female Member's Agreement renewal. Effective date of the infant's coverage is upon submission of application form and is subject to 30 Days Qualifying Period. In-Patient/Hospitalization Benefits will be provided to the newborn.	Included	Included
PERSONAL ACCIDENT BENEFIT		
coverage for accidental death. Covers new business clients age 16 to 60, renewable until age 65	PHP 50,000	PHP 75,000

## **ACCESS Facility**

**ACCESS** allows you to avail of **no-cash-outlay in-patient and emergency out-patient medical treatment** using our accredited network of hospitals. However, in the event that you choose not to go to an accredited medical provider, you still retain the option of filing your eligible claims for **reimbursement** with Pacific Cross.

Payment of Professional Fees (Attending Physician's Visit, Specialist's Fee, Surgeon's Fee, Anesthetist's Fee) will be based on the Company's PhilHealth Relative Value Scale if claims are directly settled by the Company to the Physician or Hospital. The PhilHealth Relative Value Scale shows the values per procedure as provided by the PhilHealth that the Company will apply for the payment of a particular Professional fee in an Accredited Network.

# **OPTIONAL BENEFITS**

OUT-PATIENT BENEFITS	STANDARD	EXECUTIVE
Pacific Cross pays 80% of eligible claimed amount for reasonable, normal, and customary fees. Reimbursement only. Aggregate limit per year.	PHP 25,000	PHP 50,000
Includes:		
<ul> <li>a. Consultation in Doctor's Office covers Physician's and Specialist's fee</li> <li>b. Physiotherapist or Chiropractor</li> </ul>		
c. Diagnostic, X-rays and Laboratory Tests necessary for the treatment of a covered disability		
d. <b>Medicines and Drugs prescribed by a Doctor</b> for a covered condition or disability and procured from a recognized pharmacy.		



## DENTAL PLAN

Pacific Cross pays 80% of eligible claimed amount for reasonable, normal, and customary fees. Reimbursement only.

BENEFITS	LIMIT	BENEFITS	LIMIT
Over-all Limit per year (excluding dentures) Includes: X-rays, Amalgam Fillings, Anterior Fillings, Root Canal Fillings, Extractions, Routine Oral Examination (twice per year) and Oral Prophylaxis (twice per year)	PHP 10,000	<b>Dentures</b> (as a result of accident only) i) Complete Set ii) Partial Sets	PHP 4,000 PHP 7,000

## **MEMBERSHIP FEES**

As of 1 August 2018

## **CORE BENEFITS (In-Patient & Emergency)**

Select Pl	us with	ACCESS
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AGE	S-PRIVATE	PRIVATE
0 - 20	PHP 10,959	PHP 17,932
21 - 25	18,465	30,049
26 - 30	20,104	32,719
31 - 35	20,925	34,056
36 - 40	22,568	36,726
41 - 45	26,536	44,698
46 - 50	29,642	53,161
51 - 55	33,666	63,807
56 - 60	36,593	69,467
61 - 65	40,254	76,413

### **Select Standard with ACCESS**

AGE	S-PRIVATE	PRIVATE
0 - 20	PHP 9,074	PHP 15,517
21 - 25	15,068	25,750
26 - 30	16,406	28,040
31 - 35	17,076	29,183
36 - 40	18,416	31,472
41 - 45	21,302	35,464
46 - 50	23,795	41,768
51 - 55	28,145	47,174
56 - 60	31,274	51,892
61 - 65	34,400	57,080

ACCESS membership fees are subject to PHP 250 Annual Access Fee per member.



### **OPTIONAL BENEFITS (Available for all Select Plans)**

<b>Out-Patient Benefits</b>			
AGE	STANDARD	EXECUTIVE	
Child - 20	PHP 5,962	PHP 12,308	
21 - 40	5,600	11,900	
41 - 50	8,137	18,964	
51 - 65	10,164	24,693	

Pacific Cross pays 80% of reasonable, normal, and customary fees. Reimbursement only.

## **Dental Plan**

Annual Membership Fees	INDIVIDUAL (1)	GROUP (2)
Adult (19 - 65 yrs old)	PHP 3,808	PHP 2,232
Child (15 days - 18 yrs old)	2,770	1,623

Membership fees are applicable to:

(1) Individual Accounts, or Families with less than four (4) members, or Groups with less than four (4) employees

(2) Group Accounts with at least four (4) employees, or Families with at least four (4) members (subject to participation requirements)

### **Additional Personal Accident Coverage**

	S-PRIVATE	PRIVATE
PHP 500,000	PHP 835	PHP 835
1,000,000	1,670	1,670

Coverage for accidental death. Occupational Class I (Standard Risk). Premiums of other occupational classifications are available upon request.

### DISCOUNTS

## **Group Discount**

(Available for all Select Plans)	
NO. OF MEMBERS	DISCOUNT
7 - 15	5 %
16 or more	10 %

Group Discounts apply to New Business only. Applied to the membership fees of Core Benefits & Optional Out-Patient Benefits only. Members of a group must be under **1** Agreement only.

- **Notes:** 1. Membership fees are inclusive of all applicable taxes.
  - 2. Membership fees are available in annual and semiannual modes of payment (except for Additional Personal Accident Coverage).
  - 3. Membership fees may change subject to the results of medical evaluation of application form.



Our Companies Pacific Cross Insurance, Inc. and Pacific Cross Health Care, Inc.

#### Pacific Cross is EXCELLENCE.

We are committed to bringing nothing but the best to our clients. Our decisions are based on an intricate understanding of our clients' needs, demands and expectations. We strive to create and innovate programs that will best serve our customers.

#### Pacific Cross is STABILITY.

We are one of the leading and most financially stable companies in the industry today. Our Premiums Earned in recent years put us in the top 10 non-life insurance companies in the Philippines.

#### Pacific Cross is EXPERIENCE.

We draw from more than 65 years of experience in the insurance industry. Our actions are guided by a deep insight brought about by the knowledge we have gained through the years.

### Pacific Cross is CUSTOMER SERVICE.

We are rooted in a commitment to ever improving customer service. We aim to be continuously progressive and professional. Our commendable track record and competent support staff ensure that you are given immediate and excellent service at all times.

### Pacific Cross is a PARTNERSHIP OF TRUST.

We build and value enduring relationships. We consistently prove that we are worthy of the highest confidence — by our strict standards, the integrity of our promises and the results we deliver. In the event of a crisis, we assure you that Pacific Cross will be your friend and ally.

www.pacificcross.com.ph



Get in touch with us today! Call +63 2 8899-8001 E-mail mdas@pacificcross.com.ph

#### HEAD OFFICE

Pacific Cross Center, 8000 Makati Avenue, 1200 Makati City, Metro Manila, Philippines Tel. No.: +63 2 8230-8511 Fax No.: +63 2 8325-0638 E-mail: mdas@pacificcross.com.ph

#### PACIFIC CROSS 8 ROCKWELL MEDICAL SALES CENTER

Unit 8B, 8th Floor, 8 Rockwell Building Hidalgo Drive, Makati City, Metro Manila, Philippines Tel. No.: +63 2 8230-8511 Fax No.: +63 2 8230-8991 E-mail: mdas@pacificcross.com.ph

#### CEBU

Units 201-202, Avagar Building, No. 09, Escario corner Molave Street, Lahug, Cebu City Tel. Nos.: +63 32 233-5812, +63 32 233-5816, +63 32 416-4468 Fax No.: +63 32 233-5814 E-mail: cebu@pacificcross.com.ph

#### C L A R K

Unit 2, Pavilion Mall, Philexcel Business Park, Clark Freeport Zone Tel. Nos.: +63 45 499-5424, +63 45 499-5428 E-mail: clark@pacificcross.com.ph

#### $\mathbf{D}\,\mathbf{A}\,\mathbf{V}\,\mathbf{A}\,\mathbf{O}$

 2<sup>nd</sup> Floor, Left Wing, Door No. 6, Matina Town Square, Mac Arthur Highway, Matina, Davao City
 Tel. No.: +63 82 297-7314 Telefax: +63 82 297-7151 E-mail: davao@pacificcross.com.ph

.pacificeross.com.pff

We also have Agency Offices in: Luzon: Baguio | Batangas | Cavite | Laguna | Naga | Olongapo | Pampanga | Palawan VisMin: Bacolod | Bohol | Butuan | Cagayan de Oro | Dumaguete | General Santos | Iloilo | Ormoc | Tacloban